

Updates to your Prescription Drug List for Colorado 2025 Individual & Family plans*



To view the complete list of all medications, visit the **2025 Prescription Drug List**

We are here to help you get ready for changes to your Prescription Drug List (PDL), renewing on 1/1/25.

We re-evaluate the PDL to help manage costs for both you and UnitedHealthcare. When making changes, we consider a medication’s overall value, which is based on factors such as a medication’s effectiveness, safety, cost, and the availability of alternative medications to treat the same or similar medical condition.

This guide will help you understand which medications are changing and if you need to talk to your healthcare provider before you refill your medication. You may experience a medication changing tiers or a medication no longer being covered. We also add medications to the PDL and move medications to lower tiers to give you more options.

You can access your coverage information by going to the following link or through your member portal: myuhc.com/exchange.

Your Plan

This is an overview of each tier on your plan. You may notice a change in the number of tiers on your plan. Many plans were 6-tiers in 2024 and all plans are now 5-tiers with more generic medications at Tier 2.

Tier	Cost-share	Includes
1	\$0	\$0 Cost-share Medications available at no cost to you, which includes preventive medications .
2	\$	Lower cost-share Medications that offer the highest overall value , which includes preferred generic medications .
3	\$\$	Mid-range cost-share Medications that provide good overall value , which includes preferred brand name and non-preferred generic medications .
4	\$\$\$	Higher cost-share Medications that provide lower overall value , which includes non-preferred brand name medications and non-preferred generic medications .
5	\$\$\$\$	Highest cost-share Medications that provide the lowest overall value , which includes most specialty medications .

*Also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans

Medications added to the PDL

We are giving you more medication options to treat your condition by adding more medications to the PDL.

Medication	Tier	Coverage Rules or Limits	Other Covered Products
Breztri Aerosphere	3	QL	
Dexcom	4	PA, QL	
Emgality 100mg/ml	3	PA, QL	Aimovig is also Tier 3 (PA, QL)
Emgality 120mg/ml	3	PA, QL	Aimovig is also Tier 3 (PA, QL)
enoxaparin	3	QL	
eszopiclone	2	QL	
Freestyle Libre	4	PA, QL	
mycophenolate mofetil suspension	4		
prednisolone 1% op susp	2		
progesterone capsule	2		
rabeprazole tablet	3	QL	
ramipril	2	QL	
Rextovy	1		Narcan & naloxone are also Tier 1
Stiolto Respimat	3	QL	Bevespi Aerosphere is also Tier 3 (QL)
Symproic	3	PA, QL	
teriflunomide	5	PA, QL	
Trelegy Ellipta	3	QL	
Xolair	5	PA, QL	Dupixent is also Tier 5 (PA, QL)
zolmitriptan tabs, ODT	3	ST, QL	
zolpidem ER	3	QL	

Medications moving to a lower tier

These medications are moving to a lower tier. Using lower tier medications can help you pay the lowest out-of-pocket cost.

Medication	Tier	Coverage Rules or Limits
aprepitant	3	QL
brimonidine ophthalmic soln. 0.15%, 0.2%	2	QL
clinamycin/benzoyl peroxide 1.2-5% gel	3	QL
cyclosporine modified capsule, Gengraf capsule	2	
cyclosporine modified soln, Gengraf soln	3	
diazepam rectal gel	3	QL
mycophenolate mofetil capsule, tablet	2	
sevelamer carbonate tablet	3	

Key: PA=Prior authorization QL=Quantity limit

Medications that require you to take action before your first refill in 2025

Find your medication in this list to learn about upcoming changes. Depending on the type of change, we provide a list of other medication options when available. These are suggestions only. Only you and your healthcare provider can make decisions about how to manage your health.

Type of Change	What is happening?	What should I do?
Higher Tier	Medications moving to a higher tier are still covered by your plan but may result in a higher cost share. Your plan covers other medications to treat your condition that may be a lower cost to you.	To save money, ask your healthcare provider about other medication options.
Non-Formulary	These medications are no longer covered by your plan. Your plan covers other medications to treat your condition.	Ask your healthcare provider if covered medications may work for you. To continue taking your medication, you or your healthcare provider can ask us for a prior authorization or exception. If approved, your medication will be covered at the second highest tier.
Prior authorization	These medications now require a prior authorization (PA) to be sure this medication is most appropriate for your condition. You need approval before you refill your prescription.	To continue taking your medication, you or your healthcare provider can ask us for a prior authorization or exception.
Step Therapy	You must first try other covered medications used to treat your condition before you can get your medication covered.	Ask your healthcare provider if other covered medications may work for you. To continue taking your medication, you or your healthcare provider can ask us for a prior authorization or exception.

Type of Change	What is happening?	What should I do?
Quantity Limit	<p>Your drug has a new quantity limit or the limit has changed.</p> <p>Quantity limits are updated based on medical guidance and Food and Drug Administration (FDA) recommendations to ensure medications are used appropriately.</p>	<p>If you are taking a medication that exceeds the new quantity limit, you or your healthcare provider can ask us for an exception to cover the additional amount.</p>
Excluded	<p>These medications are no longer covered by your plan.</p>	<p>Ask your healthcare provider if covered medications may work for you.</p> <p>To continue taking your medication, you can pay the full cost of the prescription and the amount you pay will not count towards any deductible or out-of-pocket maximum you may have.</p>

Note: If you are taking a single pill that contains multiple medications, your cost may be lower if you take your medication in separate pills instead of a single pill. For example, glipizide and metformin are available together in a single pill, but you may save money by taking glipizide and metformin in separate pills. Once your plan is active, you can price your medications at myuhc.com/exchange. If this saves you money, talk to your healthcare provider.

How can I get a medication that requires a prior authorization or an exception?

Optum Rx, our Pharmacy Benefit Manager, processes prior authorization and exception requests on behalf of UnitedHealthcare Individual & Family plans. Contact your healthcare provider to submit a request. Healthcare providers can submit a request:

- **Online:** professionals.optumrx.com/prior-authorization.html
- **Phone:** 1-800-711-4555

The request should include the diagnosis, medication history, clinical justification, medical records/lab tests as needed and other supporting information. If information is missing, Optum Rx will contact your healthcare provider and request additional information. If you need help, you can also start a request at myuhc.com/exchange or by calling the member services number on your health plan ID card, and we can contact your healthcare provider for information to help process the request.

Medication	Type of Change	Lower Cost Option(s)
ACD FORMULA SOL A	Excluded	Please ask your healthcare provider
ADALIMUMAB-ADAZ INJ 40/0.4ML	Higher Tier	Please ask your healthcare provider
ADALIMUMAB-ADB KIT 10/0.2ML	Higher Tier	Please ask your healthcare provider
ADALIMUMAB-ADB KIT 20/0.4ML	Higher Tier	Please ask your healthcare provider
ADALIMUMAB-ADB KIT 40/0.8ML	Higher Tier	Please ask your healthcare provider
ADALIMUMAB-ADB KIT 40MG/0.4ML	Higher Tier	Please ask your healthcare provider
ADASUVE INH 10MG	Non-Formulary	Please ask your healthcare provider
AIMOVI INJ 140MG/ML	Prior Authorization	
AIMOVI INJ 70MG/ML	Prior Authorization	
ALFERON N INJ 5MU/ML	Non-Formulary	Please ask your healthcare provider
AMJEVITA INJ 10/0.2ML	Non-Formulary	Please ask your healthcare provider
AMJEVITA INJ 20/0.2ML	Higher Tier	Please ask your healthcare provider
AMJEVITA INJ 20/0.4ML	Non-Formulary	Please ask your healthcare provider
AMJEVITA INJ 40/0.4ML	Higher Tier	Please ask your healthcare provider
AMJEVITA INJ 40/0.8ML	Non-Formulary	Please ask your healthcare provider
AMJEVITA INJ 80/0.8ML	Higher Tier	Please ask your healthcare provider
AMLODIPINE/VALSARTAN 10-160MG	Higher Tier	AMLODIPINE, VALSARTAN
AMLODIPINE/VALSARTAN 10-320MG	Higher Tier	AMLODIPINE, VALSARTAN
AMLODIPINE/VALSARTAN TAB 5-160MG	Higher Tier	AMLODIPINE, VALSARTAN
AMLODIPINE/VALSARTAN TAB 5-320MG	Higher Tier	AMLODIPINE, VALSARTAN
ANGELIQ TAB 0.25-0.5	Non-Formulary	CLIMARA PRO, ESTRADIOL/NORETHINDRONE, FYAVOLV
ANGELIQ TAB 0.5-1MG	Non-Formulary	CLIMARA PRO, ESTRADIOL/NORETHINDRONE, FYAVOLV
ANTICOAGULNT SOL SOD CITR	Excluded	Please ask your healthcare provider
ARTISS KIT 10ML	Excluded	Please ask your healthcare provider
ARTISS KIT 2ML	Excluded	Please ask your healthcare provider
ARTISS KIT 4ML	Excluded	Please ask your healthcare provider
ARTISS SOL 10ML	Excluded	Please ask your healthcare provider
ARTISS SOL 2ML	Excluded	Please ask your healthcare provider
ARTISS SOL 4ML	Excluded	Please ask your healthcare provider
BALCOLTRA TAB 0.1-20	Non-Formulary	LEVONORGESTREL/ETHI ESTRADIOL/FE
BENAZEPRIL/HCTZ TAB 10-12.5	Higher Tier	BENAZEPRIL HCL, HYDROCHLOROTHIAZIDE, ENALAPRIL MALEATE/HCTZ, LISINOPRIL/HYDROCHLOROTHIAZIDE
BENAZEPRIL/HCTZ TAB 20-12.5	Higher Tier	BENAZEPRIL HCL, HYDROCHLOROTHIAZIDE, ENALAPRIL MALEATE/HCTZ, LISINOPRIL/HYDROCHLOROTHIAZIDE
BENAZEPRIL/HCTZ TAB 20-25MG	Higher Tier	BENAZEPRIL HCL, HYDROCHLOROTHIAZIDE, ENALAPRIL MALEATE/HCTZ, LISINOPRIL/HYDROCHLOROTHIAZIDE

Medication	Type of Change	Lower Cost Option(s)
BENAZEPRIL/HCTZ TAB 5-6.25	Higher Tier	BENAZEPRIL HCL, HYDROCHLOROTHIAZIDE, ENALAPRIL MALEATE/HCTZ, LISINOPRIL/HYDROCHLOROTHIAZIDE
BETAMETHASONE VAL LOT 0.1%	Higher Tier	TRIAMCINOLONE ACETONIDE LOTION, MOMETASONE FUROATE
BETAMETHASONE VAL OIN 0.1%	Higher Tier	TRIAMCINOLONE ACETONIDE OINTMENT
BETAMETHASONE VALERATE CRE 0.1%	Higher Tier	TRIAMCINOLONE ACETONIDE CREAM
BREO ELLIPTA INH 100-25	Non-Formulary	FLUTICASONE/SALMETEROL
BREO ELLIPTA INH 200-25	Non-Formulary	FLUTICASONE/SALMETEROL
BREO ELLIPTA INH 50-25	Non-Formulary	FLUTICASONE/SALMETEROL
BUTALBITAL/ASPIRIN/CAFFEINE CAP	Higher Tier	BUTALBITAL/APAP/CAFFEINE TAB
CALCITONIN INJ 200/ML	Non-Formulary	ALENDRONATE TAB, CALCITONIN SALMON SPRAY
CALCITONIN INJ 400/2ML	Non-Formulary	ALENDRONATE TAB, CALCITONIN SALMON SPRAY
CELONTIN CAP 300MG	Non-Formulary	METHSUXIMIDE
CEPHALEXIN CAP 750MG	Non-Formulary	CEPHALEXIN CAP 500MG
CHLORDIAZEPOXIDE/AMITR 5-12.5MG	Higher Tier	CHLORDIAZEPOXIDE HCL, AMITRIPTYLINE HCL
CHLORDIAZEPOXIDE/AMITRIP 10-25MG	Higher Tier	CHLORDIAZEPOXIDE HCL, AMITRIPTYLINE HCL
CIMZIA KIT 200MG	Higher Tier	Please ask your healthcare provider
CIMZIA KIT STARTER	Higher Tier	Please ask your healthcare provider
CIMZIA PREFILL KIT 200MG/ML	Higher Tier	Please ask your healthcare provider
CITRANATAL 90 DHA	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
CITRANATAL ASSURE	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
CITRANATAL BLOOM TAB	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
CITRANATAL CAP HARMONY	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
CITRANATAL CAP MEDLEY	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
CITRANATAL MIS B-CALM	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX

Medication	Type of Change	Lower Cost Option(s)
CITRANATAL PAK DHA	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
C-NATE DHA CAP 28-1-200	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
COLCHICINE CAP 0.6MG	Non-Formulary	COLCHICINE TAB
COMBIPATCH DIS .05/.14	Non-Formulary	CLIMARA PRO, ESTRADIOL/NORETHINDRONE, FYAVOLV
CONCEPT DHA CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
CONCEPT OB CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
DEFLAZACORT SUS 22.75MG/ML	Non-Formulary	Please ask your healthcare provider
DEFLAZACORT TAB 18MG	Non-Formulary	Please ask your healthcare provider
DEFLAZACORT TAB 30MG	Non-Formulary	Please ask your healthcare provider
DEFLAZACORT TAB 36MG	Non-Formulary	Please ask your healthcare provider
DEFLAZACORT TAB 6MG	Non-Formulary	Please ask your healthcare provider
DEPO-ESTRADIOL INJ 5MG/ML	Non-Formulary	ESTRADIOL VALERATE INJ 10MG/ML
DESONIDE CRE 0.05%	Higher Tier	TRIAMCINOLONE ACETONIDE CREAM
DESONIDE OIN 0.05%	Higher Tier	TRIAMCINOLONE ACETONIDE OINTMENT
DEXAMETHASONE TAB 10-DAY	Non-Formulary	DEXAMETHASONE
DEXAMETHASONE TAB 13-DAY	Non-Formulary	DEXAMETHASONE
DEXAMETHASONE TAB 6-DAY	Non-Formulary	DEXAMETHASONE
DILTIAZEM ER 12HR CAP 120MG	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, VERAPAMIL TAB ER
DILTIAZEM ER 12HR CAP 60MG	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, VERAPAMIL TAB ER
DILTIAZEM ER 12HR CAP 90MG	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, VERAPAMIL TAB ER
DILTIAZEM ER TAB 180MG	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, VERAPAMIL TAB ER
DILTIAZEM ER TAB 240MG	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, VERAPAMIL TAB ER
DILTIAZEM ER TAB 300MG	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, VERAPAMIL TAB ER
DILTIAZEM ER TAB 360MG	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, VERAPAMIL TAB ER
DILTIAZEM ER TAB 420MG	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, VERAPAMIL TAB ER
DILTIAZEM TAB 120MG ER	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, VERAPAMIL TAB ER

Medication	Type of Change	Lower Cost Option(s)
DILTIAZEM TAB 240MG ER	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, VERAPAMIL TAB ER
DILTIAZEM TAB 300MG ER	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, VERAPAMIL TAB ER
DILTIAZEM TAB 360MG ER	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, VERAPAMIL TAB ER
DILTIAZEM TAB 420MG ER	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, VERAPAMIL TAB ER
DUET DHA 400 MIS 25-1-400	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
DUET DHA MIS BALANCED	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
DUPIXENT INJ 100/0.67	Higher Tier	Please ask your healthcare provider
DUPIXENT INJ 200/1.14	Higher Tier	Please ask your healthcare provider
DUPIXENT INJ 200MG	Higher Tier	Please ask your healthcare provider
DUPIXENT INJ 300MG/2ML	Higher Tier	Please ask your healthcare provider
ELITE-OB TAB	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
EMFLAZA SUS 22.75MG/ML	Non-Formulary	Please ask your healthcare provider
EMFLAZA TAB 18MG	Non-Formulary	Please ask your healthcare provider
EMFLAZA TAB 30MG	Non-Formulary	Please ask your healthcare provider
EMFLAZA TAB 36MG	Non-Formulary	Please ask your healthcare provider
EMFLAZA TAB 6MG	Non-Formulary	Please ask your healthcare provider
ENBRACE HR CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
ENTYVIO INJ 108MG/0.68ML	Excluded	Please ask your healthcare provider
EPIFOAM AER 1%	Non-Formulary	HYDROCORTISONE LOTION 2.5%, HYDROCORTISONE OINTMENT
FLEXICHAMBER MASK	Quantity Limit - Maximum of 2 spacers per 180 days	
FLOVENT DISKUS AER 100MCG	Non-Formulary	ARNUITY ELLIPTA, ASMANEX, QVAR REDIHALER
FLOVENT DISKUS AER 250MCG	Non-Formulary	ARNUITY ELLIPTA, ASMANEX, QVAR REDIHALER
FLOVENT DISKUS AER 50MCG	Non-Formulary	ARNUITY ELLIPTA, ASMANEX, QVAR REDIHALER
FLOVENT HFA AER 110MCG	Non-Formulary	ARNUITY ELLIPTA, ASMANEX, QVAR REDIHALER
FLOVENT HFA AER 220MCG	Non-Formulary	ARNUITY ELLIPTA, ASMANEX, QVAR REDIHALER

Medication	Type of Change	Lower Cost Option(s)
FLOVENT HFA AER 44MCG	Non-Formulary	ARNUITY ELLIPTA, ASMANEX, QVAR REDIMALER
FLUNISOLIDE SPR 0.025%	Higher Tier	FLUTICASONE PROPIONATE
FLUOCINOLONE CRE 0.01%	Higher Tier	TRIAMCINOLONE ACETONIDE CREAM
FLUOCINOLONE CRE 0.025%	Higher Tier	TRIAMCINOLONE ACETONIDE CREAM
FLUOCINOLONE OIN 0.025%	Higher Tier	TRIAMCINOLONE ACETONIDE OINTMENT
FLUPHENAZINE TAB 10MG	Higher Tier	CHLORPROMAZINE HCL, HALOPERIDOL, LOXAPINE, PROCHLORPERAZINE MALEATE
FLUPHENAZINE TAB 1MG	Higher Tier	CHLORPROMAZINE HCL, HALOPERIDOL, LOXAPINE, PROCHLORPERAZINE MALEATE
FLUPHENAZINE TAB 2.5MG	Higher Tier	CHLORPROMAZINE HCL, HALOPERIDOL, LOXAPINE, PROCHLORPERAZINE MALEATE
FLUPHENAZINE TAB 5MG	Higher Tier	CHLORPROMAZINE HCL, HALOPERIDOL, LOXAPINE, PROCHLORPERAZINE MALEATE
FLUTICASONE/VILANTEROL 100-25	Non-Formulary	FLUTICASONE/SALMETEROL
FLUTICASONE/VILANTEROL 200-25	Non-Formulary	FLUTICASONE/SALMETEROL
HADLIMA INJ 40/0.4ML	Higher Tier	Please ask your healthcare provider
HADLIMA INJ 40/0.8ML	Higher Tier	Please ask your healthcare provider
HADLIMA PUSH INJ 40/0.4ML	Higher Tier	Please ask your healthcare provider
HADLIMA PUSH INJ 40/0.8ML	Higher Tier	Please ask your healthcare provider
HUMIRA INJ 10/0.1ML	Higher Tier	Please ask your healthcare provider
HUMIRA INJ 20/0.2ML	Higher Tier	Please ask your healthcare provider
HUMIRA INJ 40/0.4ML	Higher Tier	Please ask your healthcare provider
HUMIRA INJ 40/0.8ML	Higher Tier	Please ask your healthcare provider
HUMIRA PEDIATRIC INJ CROHNS	Higher Tier	Please ask your healthcare provider
HUMIRA PEN INJ 40/0.4ML	Higher Tier	Please ask your healthcare provider
HUMIRA PEN INJ 40MG/0.8ML	Higher Tier	Please ask your healthcare provider
HUMIRA PEN INJ 80/0.8ML	Higher Tier	Please ask your healthcare provider
HUMIRA PEN INJ CD/UC/HS	Higher Tier	Please ask your healthcare provider
HUMIRA PEN INJ PS/UV	Higher Tier	Please ask your healthcare provider
HUMIRA PEN KIT CD/UC/HS	Higher Tier	Please ask your healthcare provider
HUMIRA PEN KIT PED UC	Higher Tier	Please ask your healthcare provider
HUMIRA PEN KIT PS/UV	Higher Tier	Please ask your healthcare provider
INSPIREASE DRUG DELIVERY SYSTEM	Quantity Limit - Maximum of 2 spacers per 180 days	
INSPIREASE RESERVOIR BAGS	Quantity Limit - Maximum of 2 spacers per 180 days	
INTRAROSA SUP 6.5MG	Excluded	Please ask your healthcare provider

Medication	Type of Change	Lower Cost Option(s)
INTRON A INJ 10MU	Non-Formulary	Please ask your healthcare provider
INTRON A INJ 50MU	Non-Formulary	Please ask your healthcare provider
IRESSA TAB 250MG	Non-Formulary	GEFITINIB
ISENTRESS POW 100MG	Non-Formulary	Please ask your healthcare provider
ISENTRESS TAB 400MG	Non-Formulary	Please ask your healthcare provider
ISOSORBIDE DINITRATE IR 40MG TAB	Non-Formulary	ISOSORBIDE DINITRATE TAB 20MG
KIONEX SUS 15GM/60	Higher Tier	SODIUM POLYSTYRENE POWDER
KOSHR PRENAT TAB 30-1MG	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
LAMOTRIGINE KIT ODT	Non-Formulary	LAMOTRIGINE IR TAB
LAMOTRIGINE ODT KIT 25/50MG	Non-Formulary	LAMOTRIGINE IR TAB
LAMOTRIGINE ODT KIT 50/100MG	Non-Formulary	LAMOTRIGINE IR TAB
LAMOTRIGINE STARTER KIT/BLUE	Non-Formulary	LAMOTRIGINE IR TAB
LAMOTRIGINE STARTER KIT/GREEN	Non-Formulary	LAMOTRIGINE IR TAB
LAMOTRIGINE STARTER KIT/ORANGE	Non-Formulary	LAMOTRIGINE IR TAB
LAMOTRIGINE TAB 100MG ODT	Non-Formulary	LAMOTRIGINE IR TAB
LAMOTRIGINE TAB 200MG ODT	Non-Formulary	LAMOTRIGINE IR TAB
LAMOTRIGINE TAB 25MG ODT	Non-Formulary	LAMOTRIGINE IR TAB
LAMOTRIGINE TAB 50MG ODT	Non-Formulary	LAMOTRIGINE IR TAB
LIDOCAINE OIN 5%	Non-Formulary	LIDOCAINE/PRILOCAINE
LIRAGLUTIDE INJ 18MG/3ML	Non-Formulary	MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY
LITHOSTAT TAB 250MG	Non-Formulary	Please ask your healthcare provider
MASK VORTEX	Quantity Limit - Maximum of 2 spacers per 180 days	
METHITEST TAB 10MG	Non-Formulary	METHYLTESTOSTERONE
MIRTAZAPINE TAB 15MG ODT	Higher Tier	BUPROPION HCL, CITALOPRAM TAB, ESCITALOPRAM TAB, MIRTAZAPINE TAB, PAROXETINE HCL
MIRTAZAPINE TAB 30MG ODT	Higher Tier	BUPROPION HCL, CITALOPRAM TAB, ESCITALOPRAM TAB, MIRTAZAPINE TAB, PAROXETINE HCL
MIRTAZAPINE TAB 45MG ODT	Higher Tier	BUPROPION HCL, CITALOPRAM TAB, ESCITALOPRAM TAB, MIRTAZAPINE TAB, PAROXETINE HCL
MITIGARE CAP 0.6MG	Non-Formulary	COLCHICINE TAB
MOLINDONE TAB HCL 10MG	Non-Formulary	ARIPIRAZOLE IR TAB, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE, ZIPRASIDONE HCL
MOLINDONE TAB HCL 25MG	Non-Formulary	ARIPIRAZOLE IR TAB, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE, ZIPRASIDONE HCL

Medication	Type of Change	Lower Cost Option(s)
MOLINDONE TAB HCL 5MG	Non-Formulary	ARIPIRAZOLE IR TAB, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE, ZIPRASIDONE HCL
NATACHEW CHW	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
NATPARA INJ 100MCG	Non-Formulary	CALCITRIOL
NATPARA INJ 25MCG	Non-Formulary	CALCITRIOL
NATPARA INJ 50MCG	Non-Formulary	CALCITRIOL
NATPARA INJ 75MCG	Non-Formulary	CALCITRIOL
NESTABS DHA PAK	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
NESTABS TAB	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
NOCLOT-50 SOL ACD-A	Excluded	Please ask your healthcare provider
NUTROPIN AQ INJ 10MG/2ML	Non-Formulary	OMNITROPE
NUTROPIN AQ INJ 20MG/2ML	Non-Formulary	OMNITROPE
NUTROPIN AQ INJ NUSPIN 5	Non-Formulary	OMNITROPE
NYMALIZE SOL	Non-Formulary	NIMODIPINE
OB COMPLETE CAP ONE	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
OB COMPLETE CAP PETITE	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
OB COMPLETE TAB	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
OB COMPLETE TAB PREMIER	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
OB COMPLETE/ CAP DHA	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
OLANZAPINE TAB 10MG ODT	Higher Tier	ARIPIRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE
OLANZAPINE TAB 15MG ODT	Higher Tier	ARIPIRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE
OLANZAPINE TAB 20MG ODT	Higher Tier	ARIPIRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE

Medication	Type of Change	Lower Cost Option(s)
OLANZAPINE TAB 5MG ODT	Higher Tier	ARIPIRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE
OTEZLA TAB 10/20/30	Higher Tier	Please ask your healthcare provider
OTEZLA TAB 10MG/20MG	Higher Tier	Please ask your healthcare provider
OTEZLA TAB 20MG	Higher Tier	Please ask your healthcare provider
OTEZLA TAB 30MG	Higher Tier	Please ask your healthcare provider
PARICALCITOL CAP 4 MCG	Non-Formulary	CALCITRIOL
PERPHENAZINE/AMITRIPTYLINE 2-10	Higher Tier	PERPHENAZINE, AMITRIPTYLINE HCL
PERPHENAZINE/AMITRIPTYLINE 2-25	Higher Tier	PERPHENAZINE, AMITRIPTYLINE HCL
PERPHENAZINE/AMITRIPTYLINE 4-10	Higher Tier	PERPHENAZINE, AMITRIPTYLINE HCL
PERPHENAZINE/AMITRIPTYLINE 4-25	Higher Tier	PERPHENAZINE, AMITRIPTYLINE HCL
PERPHENAZINE/AMITRIPTYLINE 4-50	Higher Tier	PERPHENAZINE, AMITRIPTYLINE HCL
PNV-DHA CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PNV-OMEGA CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PNV-SELECT TAB	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRAMOSONE LOTION 1%	Non-Formulary	HYDROCORTISONE LOTION 2.5%, HYDROCORTISONE OINTMENT
PRAMOSONE LOTION 2.5%	Non-Formulary	HYDROCORTISONE LOTION 2.5%, HYDROCORTISONE OINTMENT
PREFEST TAB	Non-Formulary	CLIMARA PRO, ESTRADIOL/NORETHINDRONE, FYAVOLV
PREMPHASE TAB	Non-Formulary	CLIMARA PRO, ESTRADIOL/NORETHINDRONE, FYAVOLV
PRENA 1 TRUE MIS	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRENA1 CHW	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRENA1 PEARL CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRENAISSANCE CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRENAISSANCE CAP PLUS	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX

Medication	Type of Change	Lower Cost Option(s)
PRENATE AM TAB 1MG	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRENATE CAP ENHANCE	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRENATE CAP PIXIE	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRENATE CAP RESTORE	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRENATE CHEW 0.6-0.4	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRENATE DHA CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRENATE MINI CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRENATE TAB ELITE	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRIMACARE CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PULMICORT INH 180MCG	Non-Formulary	ARNUITY ELLIPTA, ASMANEX, QVAR REDIHALER
PULMICORT INH 90MCG	Non-Formulary	ARNUITY ELLIPTA, ASMANEX, QVAR REDIHALER
PYRIDIDIUM TAB 100MG	Non-Formulary	PHENAZOPYRIDINE
PYRIDIDIUM TAB 200MG	Non-Formulary	PHENAZOPYRIDINE
QUETIAPINE TAB 150MG ER	Higher Tier	ARIPIRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE
QUETIAPINE TAB 200MG ER	Higher Tier	ARIPIRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE
QUETIAPINE TAB 300MG ER	Higher Tier	ARIPIRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE
QUETIAPINE TAB 400MG ER	Higher Tier	ARIPIRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE

Medication	Type of Change	Lower Cost Option(s)
QUETIAPINE TAB 50MG ER	Higher Tier	ARIPIRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE
REDICHEW RX CHW	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
REVATIO SUS 10MG/ML	Non-Formulary	SILDENAFIL SUS 10MG/ML
REVLIMID CAP 10MG	Non-Formulary	LENALIDOMIDE
REVLIMID CAP 15MG	Non-Formulary	LENALIDOMIDE
REVLIMID CAP 2.5MG	Non-Formulary	LENALIDOMIDE
REVLIMID CAP 20MG	Non-Formulary	LENALIDOMIDE
REVLIMID CAP 25MG	Non-Formulary	LENALIDOMIDE
REVLIMID CAP 5MG	Non-Formulary	LENALIDOMIDE
RIMANTADINE TAB 100MG	Higher Tier	OSELTAMIVIR PHOSPHATE
RINVOQ LQ SOL 1MG/ML	Higher Tier	Please ask your healthcare provider
RINVOQ TAB 15MG ER	Higher Tier	Please ask your healthcare provider
RINVOQ TAB 30MG ER	Higher Tier	Please ask your healthcare provider
RINVOQ TAB 45MG ER	Higher Tier	Please ask your healthcare provider
ROSDAN CREAM 0.75%	Non-Formulary	METRONIDAZOLE CREAM
ROSDAN GEL 0.75%	Non-Formulary	METRONIDAZOLE GEL
ROSDAN GEL KIT 0.75%	Non-Formulary	METRONIDAZOLE GEL
SAVELLA MIS TITRATION PAK	Non-Formulary	DULOXETINE CAP 20MG, GABAPENTIN (NEURONTIN), PREGABALIN
SELECT-OB CHEW	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
SELECT-OB+ PAK DHA	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
SEVELAMER TAB 400MG	Non-Formulary	SEVELAMER CARBONATE TAB
SEVELAMER TAB 800MG	Non-Formulary	SEVELAMER CARBONATE TAB
SILDENAFIL SUS 10MG/ML	Higher Tier	Please ask your healthcare provider
SILDENAFIL TAB 20MG	Higher Tier	Please ask your healthcare provider
SIMPONI INJ 100MG/ML	Higher Tier	Please ask your healthcare provider
SIMPONI INJ 50/0.5ML	Higher Tier	Please ask your healthcare provider
SKYRIZI INJ 150DOSE	Higher Tier	Please ask your healthcare provider
SKYRIZI INJ 150MG/ML	Higher Tier	Please ask your healthcare provider
SKYRIZI INJ 180/1.2	Higher Tier	Please ask your healthcare provider
SKYRIZI INJ 360MG/2.4ML	Higher Tier	Please ask your healthcare provider
SOD POLY SUL SUS 15GM/60ML	Higher Tier	SODIUM POLYSTYRENE POWDER
STELARA INJ 45MG/0.5	Higher Tier	Please ask your healthcare provider
STELARA INJ 90MG/ML	Higher Tier	Please ask your healthcare provider
SUBVENITE STARTER KIT	Non-Formulary	LAMOTRIGINE IR TAB

Medication	Type of Change	Lower Cost Option(s)
SULFACETAMIDE LOT 10%	Higher Tier	CLINDAMYCIN PHOSPHATE, ERYTHROMYCIN
TAZORAC CRE 0.05%	Non-Formulary	CALCIPOTRIENE, TAZAROTENE
TESTOSTERONE CYP INJ 100MG/ML	Prior Authorization	
TESTOSTERONE CYP INJ 200MG/ML	Prior Authorization	
TESTOSTERONE ENAN INJ 200MG/ML	Prior Authorization	
TEZSPIRE SOL 210MG	Excluded	DUPIXENT, XOLAIR
TISSEEL KIT 10ML	Excluded	Please ask your healthcare provider
TISSEEL KIT 2ML	Excluded	Please ask your healthcare provider
TISSEEL KIT 4ML	Excluded	Please ask your healthcare provider
TISSEEL SOLUTION	Excluded	Please ask your healthcare provider
TOLTERODINE TAB 1MG	Higher Tier	OXYBUTYNIN, SOLIFENACIN SUCCINATE
TOLTERODINE TAB 2MG	Higher Tier	OXYBUTYNIN, SOLIFENACIN SUCCINATE
TRIAMTERENE CAP 100MG	Non-Formulary	AMILORIDE HCL, SPIRONOLACTONE
TRIAMTERENE CAP 50MG	Non-Formulary	AMILORIDE HCL, SPIRONOLACTONE
TRICITRASOL CON	Excluded	Please ask your healthcare provider
TRISTART DHA CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
TRISTART ONE CAP 35-1-215	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
UCERIS AER 2MG/ACT	Non-Formulary	BUDESONIDE FOAM
VALCHLOR GEL 0.016%	Non-Formulary	Please ask your healthcare provider
VANDAZOLE GEL 0.75%	Higher Tier	METRONIDAZOLE VAGINAL
VICTOZA INJ 18MG/3ML	Non-Formulary	MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY
VIRT-NATE DHA	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
VIRT-PN DHA	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
VITAFOL CAP ULTRA	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
VITAFOL FE+ CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
VITAFOL GUMMIES	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
VITAFOL STRP MIS 1MG	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX

Medication	Type of Change	Lower Cost Option(s)
VITAFOL-NANO TAB	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
VITAFOL-OB	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
VITAFOL-OB+DHA	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
VITAFOL-ONE	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
VITAMED MD CAP ONE RX	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
VITAPEARL CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
VITATRUE MIS	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
ZATEAN-PN CAP DHA	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
ZIPRASIDONE CAP 20MG	Higher Tier	ARIPIRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE
ZIPRASIDONE CAP 40MG	Higher Tier	ARIPIRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE
ZIPRASIDONE CAP 60MG	Higher Tier	ARIPIRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE
ZIPRASIDONE CAP 80MG	Higher Tier	ARIPIRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE
ZYMFENTRA INJ 120MG/ML	Excluded	Please ask your healthcare provider



Need more information about your pharmacy drug coverage and costs?

Visit myuhc.com/exchange. You can also call the phone number on your health plan ID card. Healthcare providers can visit uhcprovider.com/exchange.



Additional coverage requirements or limits such as quantity limits may apply.

All branded medications are trademarks or registered trademarks of their respective owners.

UnitedHealthcare Individual & Family plans medical plan coverage offered by: UnitedHealthcare of Arizona, Inc.; Rocky Mountain Health Maintenance Organization Incorporated in CO; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Georgia, Inc; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare Insurance Company in AL, KS, LA, MO, NJ, and TN; Optimum Choice, Inc. in MD and VA; UnitedHealthcare Community Plan, Inc. in MI; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Oklahoma, Inc.; UnitedHealthcare of South Carolina, Inc.; UnitedHealthcare of Texas, Inc.; UnitedHealthcare of Oregon, Inc. in WA; and UnitedHealthcare of Wisconsin, Inc. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

© 2024 United HealthCare Services, Inc. All Rights Reserved.